

L19 000 187247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

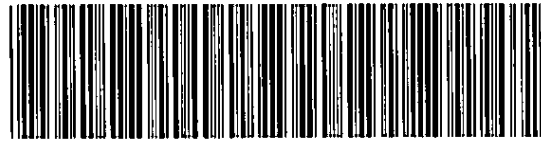
(Business Entity Name)

(Document Number)

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2021 MAR 19 PH 2:52

SECRETARY OF STATE
TALLAHASSEE, FL

Name Change

100 3 4 2021

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Patient Advocates of SWFL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CarolAnne Dube
Name of Person
Patient Advocates of SWFL, LLC
Firm/Company
2402 Sofia Lane
Address
Punta Gorda, FL 33983
City/State and Zip Code
carolanne@patientadvocatesof SWFL.com
E-mail address: (to be used for future annual report notification)

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2021 MAR 19 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

CarolAnne Dube at (207) 217-1209
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2021

CAROL ANNE DUBE
2402 SOFIA LANE
PUNTA GORDA, FL 33983

SUBJECT: GENETIC DIAGNOSTICS, LLC
Ref. Number: L19000187247

We have received your document for GENETIC DIAGNOSTICS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 321A00003111

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2021 MAR 19 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Genetic Diagnostics, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 22, 2019

Florida document number L19000187247

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Patient Advocates of Southwest Florida, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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